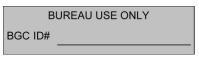
Badge Replacement Request

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MAIL COMPLETED FORM AND FEE TO:

BUREAU OF GAMBLING CONTROL P.O. Box 168024 Sacramento, CA 95816-8024 (916) 830-1700

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU COMPLETE THIS FORM

All information must be typed or printed legibly in blue or black ink. If the space available is insufficient, attach a separate sheet of paper and precede each answer with the applicable section and question number. Any corrections, changes, or other alterations must be initialed and dated by the applicant. A replacement badge fee of \$8 is required for all license types.

SECTION 1: PERSONAL INFORMATION		
FULL NAME: LAST	FIRST	MIDDLE
SECTION 2: REPLACEMENT INFORMATION		
A) TYPE OF APPROVAL Provide one of the following:		LICENSE NUMBER
☐ Cardroom Endorsee License ☐ (natural person only)	Key Employee License □	Commission Work Permit
☐ TPPPS Endorsee License (natural person only)	TPPPS Supervisor License □	TPPPS Worker License
B) PURPOSE OF REQUEST		
BADGE WAS:		
☐ LOST ☐ STOLEN ☐ DAMAGED		
CHANGE OF NAME:		
FORMER NAME:		
New Name:	<u> </u>	
INCLUDE ONE OF THE FOLLOWING: COPY OF MARRIAGE CERTIFICATE COPY OF COURT DOCUMENT AUTHORIZING LEGAL NAME CHANGE CLEAR COPY OF DRIVER'S LICENSE		
SECTION 3: DECLARATION		
I declare under penalty of perjury under the laws of the State of California that the information in this form is true, accurate, and complete, and that		
this declaration is executed by me at		
City and State		
PRINTED NAME	SIGNATURE	DATE (MM/DD/YYYY)

This form must be signed by the badge recipient